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ABSTRACT

The Community Aging Program is a demonstration outpatient, mental health program designed to study and treat elderly individuals. The individual's skills relevant to living independently are assessed and those individuals with deficits enter an appropriate treatment program. Two of the treatment programs or modules help the individual adjust to the community. The Community Resources Module teaches information about Social Security payments, places to go for activity, and public transportation, and how to practice these skills. The Social Support Module emphasizes using the individual's existing social support network and increasing it by making new friends. Program participants (N=77) completed the Beck Depression Inventory, Life Satisfaction Scale, and Social Support Network Inventory. The results revealed that graduates of the program significantly increased the size of their social network. The graduates' self-esteem rating increased and their depression rating decreased. These individuals were referred because of their risk of being institutionalized but this project demonstrates that this risk can be lowered by improving the elderly person's social skills. (ABL)

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INCREASING THE SOCIAL NETWORKS OF ISOLATED ELDERLY: TREATMENT AND RESEARCH FINDINGS

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ABSTRACT

The present paper describes the outcome of treatment of elderly individuals attending the Community Aging Program, an outpatient mental health treatment program located at the Florida Mental Health Institute, University of South Florida. Individuals are referred to the program for a wide variety of mental health problems. The most frequently noted reasons for referral are those which indicate a lack of social support network and activity, as well as depression. Treatment is offerred in group format (modules) for the most part and uses a behavioral/self management approach. The treatment is designed to overcome the assessed skills deficits experienced by the individual which prevent effective socialization. Graduates of the program exhibit a significant increase in: 1) the size of the social networks; 2) the number of "close" relationships; and 3) life satisfaction. In addition graduates exhibited a decrease in depression level.

Increasing the Social Networks of Isolated Elderly: Treatment and Research Findings

The Community Aging Program (CAP) of the Florida Mental Health Institute, University of South Florida, is a demonstration outpatient, mental health treatment program designed to study and treat elderly individuals (age 55 and older) in need of mental health treatment. The individuals are assessed for deficits in a variety of skills determined to be relevant to living independently (Patterson, et al., 1982). When deficits are observed, the individual usually enters a treatment group in order to learn the skill; and is assessed for improvement and possible graduation from the group on a regular basis. Table 1 indicates the groups (modules) designed to teach these skills using shaping, modeling, and rehearsal techniques.

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Insert Table 1 About Here

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The present paper investigates the reasons for referral to the program, the amount of isolation and related affect, and the subsequent improvement noted of the program's "graduates".

METHOD

Subjects The subjects were elderly individuals admitted between 1981 and May 1985 to Community Aging Program. All clients were at least 55 years of age. A one year sampling of this subject pool is presented in Table 2 which illustrates the reasons for referral to the program in 1984.

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Insert Table 2 About Here

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Instruments The test instruments include the Beck Depression Inventory (Beck, 1972), Life Satisfaction Scale (Neugarten, Havighurst, & Tobin, 1961), and Social Support Network Inventory (Dupree, et al., 1984). The latter instrument was developed within our Department as an interview-style assessment to determine the number and quality of social contacts.

Procedure Clients are assessed at admission and discharge for all three instruments. The Life Satisfaction Scale is also used as a criterion for the Self Esteem group (Patterson, et al., 1982); a score of 10 or less has been found to be correlated with one's self esteem and the number of positive and negative self statements an individual makes.

Clients enter the groups (modules) based on assessments indicating their level of skill. (A module is a treatment group which has a procedural manual describing the session by session content, some form of assessment - such as a rating scale, and has been validated through cross validation procedures - see the Patterson, et al., 1982 book for a complete description).

Two key groups which help the individual adjust to the community are the Community Resources Module and the Social Support Network Module. The first teaches those individuals the knowledge they lack regarding social security payments, places to go for activity, accessing public transportation, and more importantly, practicing these new skills.

The Social Support Network Module emphasizes using one's existing social network as well as increasing it. The module's participants practice (and are rated on) the ability to introduce themselves and make new friends.

RESULTS

The graduates of the program during the period studied demonstrated a significant increase in social support network as noted in Figure 1 which depicts the interaction of relationship of the individual (friend or relative) with time of assessment (admission or discharge), $F(1,115)=4.80$, $p<.03$. There was a significant main effect of assessment period, $F(1,115)=27.82$, $p<.001$, as indicated by the number of significant others with whom the graduates were in contact. At admission, the average was 6.3 people and at discharge it increased to 8.7 people. The quality of the network was later added as a category to the assessment in 1984 and 1985. The average number of "close" relationships increased from 3.1 people at admission to 5.6 people at discharge, $t(20)=3.76$, $p<.001$.

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Insert Figure 1 About Here

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As shown in Figure 2, for those needing Self Esteem training (n=34 graduates) there was a significant increase in the Life Satisfaction Scale, $F(2,66)=10.69$, $p<.001$. The improvement was noted after the first four weeks in self esteem treatment and was maintained at time of discharge.

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Insert Figure 2 About Here

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Finally, the graduates of CAP demonstrated a significant decrease in the Beck Depression Inventory scores, $F(1,80)=22.86$, $p<.001$. The mean score at admission was 14.8 and at discharge was 7.9 for 81 graduates with complete data.

Conclusions

The elderly admitted to Community Aging Program are often considered to be at risk of being institutionalized by a significant other, or more typically, another social service provider. These individuals typically are referred because of social isolation, depression, and lack of meaningful leisure activities. The results from our program seem to indicate that the elderly can effectively improve their social skills and show improved affect, thereby reducing the risk of no longer living in non-institutional settings.

References

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Patterson, R., Dupree, L.W., Eberly, D.A., Jackson, G.M., O'Sullivan, M., Penner, L., and Kelly, C.D. (1982) Overcoming deficits of aging: A behavioral approach., New York: Plenum Publishing.

Table 1

Community Aging Program Treatment Modules

Name of Group	Training In:
Activities of Daily Living I	Hygiene, Grooming Skills
ADL II	Laundry, Meals, etc.
ADL III:	Budgeting Community Resources Meal Planning Housekeeping
Communication	Expressing one's self
Listening Skills	Being a better listener
Medication Information	Use of Medications
Problem Solving	Probrem Solving Skills
Reality Orientation	Memory Improvement
Self Esteem	Improving Self Esteem
Social Support Network	Making new friends
ABC's of Drinking	Analysis -Drinking Behav.
Alcohol Self Management	Dealing with High Risk Situations for abuse
Alcohol Information & Ed.	Consequences of Abuse

Table 2

SUMMARY OF 1984 ADMISSIONS TO COMMUNITY AGING PROGRAM
FLORIDA MENTAL HEALTH INSTITUTE
UNIV. OF SOUTH FLORIDA
TAMPA, FLORIDA

Category	Data:
Number of Admissions	77
Type of Contact:	
Phone	66
Walk In	2
Other	9
Age (Mean)	69.1
(Median)	69.2
Sex - Male	19 (25%)
- Female	58 (75%)
Living Situation:	
Own Home	18 (23%)
Boarding Home	29 (38%)
Apartment	13 (17%)
Friend or Relative	12 (16%)

Table 2
(continued)

Category	Data:
Relationship of Referral Source to Client:	
Social Worker/Counselor	30 (39%)
Boarding Home Operator	21 (27%)
Son/Daughter	7
Self Referral	5
Other Relative	4
Apartment Manager	1
Spouse	1
Friend	1
Physician/Psychologist	4
Problems/Deficits Noted by Referral Source (Up to 4 per person):	
Leisure Activity Deficit	53
Social Network/Interaction	53
Depression	31
Memory Deficit	13
Alcohol Problem	7
Nervous	16
Lonely	6
Confused/Disoriented	5
Communication Deficit	6
Bored	4
Reclusive	3
Withdrawn	8
Behavioral Problem	5
Grief Reaction	7
Trouble with Spouse	4
ADL Deficit	5
ALL OTHER REASONS	10

Table 2
(continued)

Category		Data:
Has Medical Problems Interfering with Daily Functioning?		
	No	73 (95%)
	Yes	0
Blind?	No	74 (96%)
	Yes	3
Deaf?	No	75 (97%)
	Yes	1
Walking Ability		
	Self Ambulates	67 (87%)
	Uses Walker	4
	Uses Cane	4
	Wheelchair	2
Have an Alcohol Problem?		
	No	64 (83%)
	Yes	12 (16%)
Time to Resolve the Case:		
	Mean (number of days)	13.2
	Median (days)	8.7

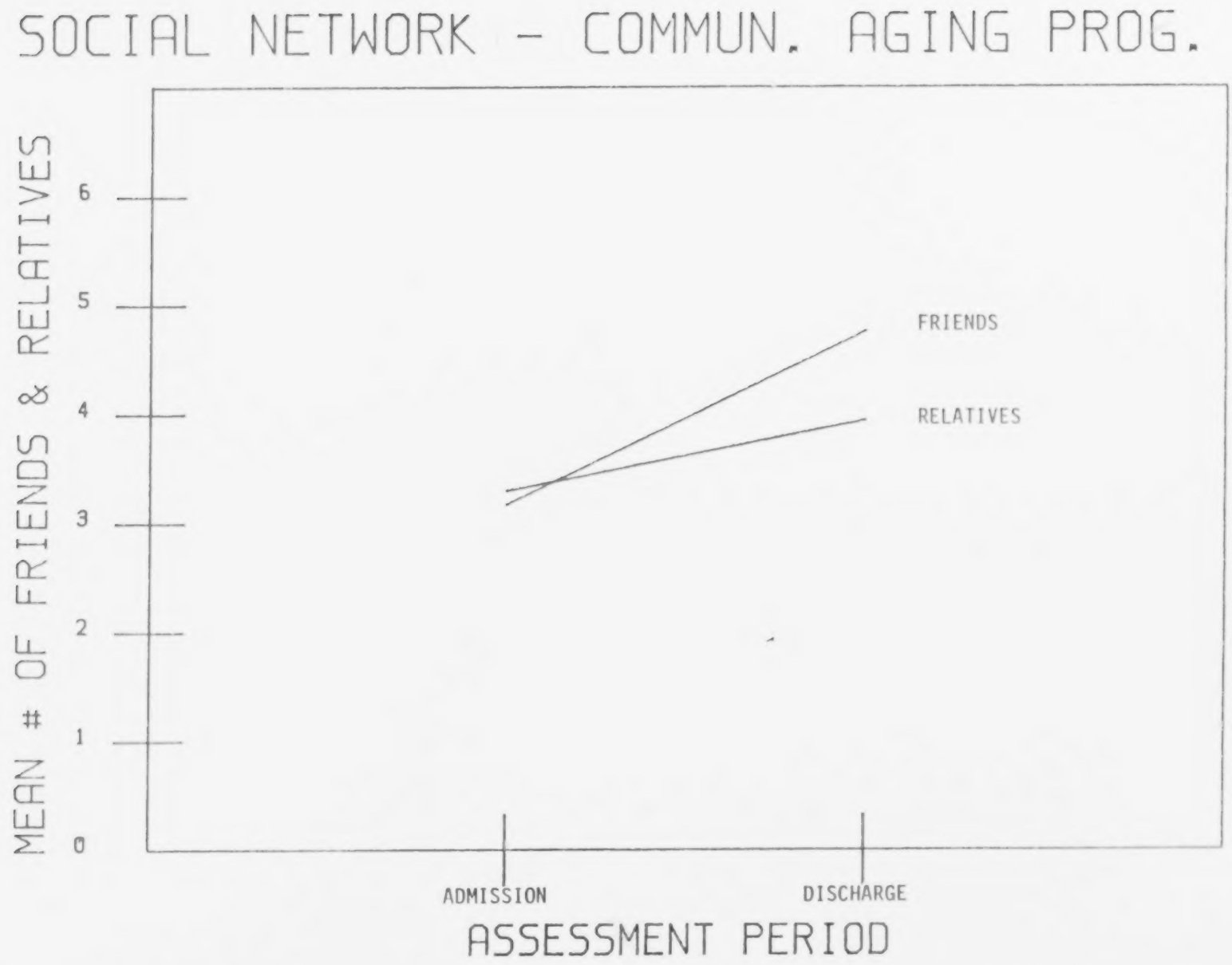

Figure 1. Improvement of social support network (significant interaction shown).

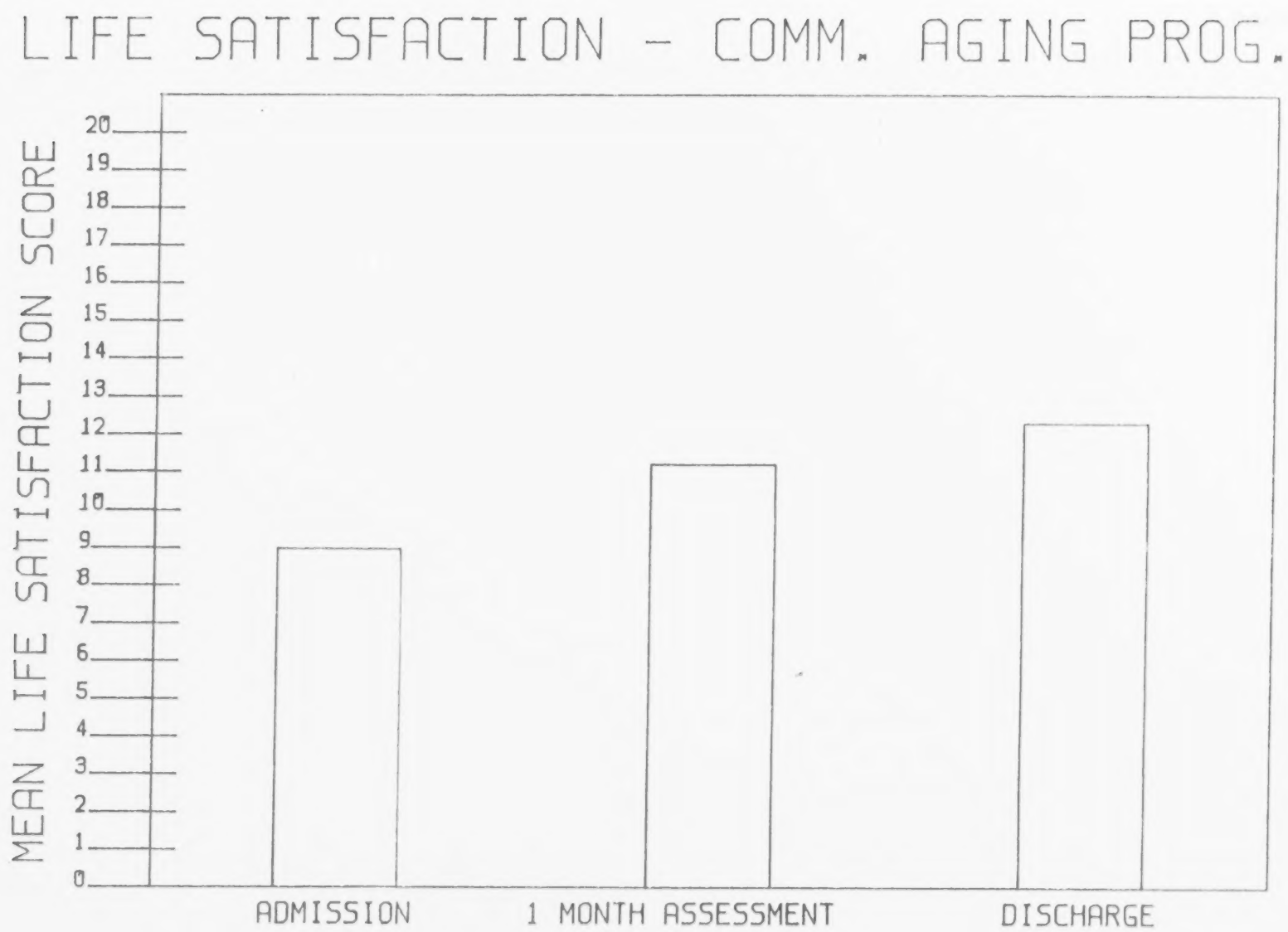

Figure 2. Improvement in Life Satisfaction Scores after self esteem training.